Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I                                                              |                                          |                                                                           |                             | 1                             |                     | SM               | SMALL ENTITY |                    |                        | OTHER THAN |                     |                        |
|---------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------|-----------------------------|-------------------------------|---------------------|------------------|--------------|--------------------|------------------------|------------|---------------------|------------------------|
|                                                                                       |                                          |                                                                           | (Column                     | 1)                            | (Column 2)          |                  |              | TYPE               |                        | OR         |                     |                        |
| TOTAL CLAIMS                                                                          |                                          |                                                                           |                             |                               |                     |                  |              | RATE               | FEE                    |            | RATE                | FEE                    |
| FOR                                                                                   |                                          |                                                                           | NUMBER FILED                |                               | NUMBER EXTRA        |                  | В            | ASIC FEE           | 370.00                 | OR         | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                          |                                                                           | minus 20=                   |                               | *                   |                  |              | X\$ 9=             |                        | OR         | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                    |                                          |                                                                           | minus 3 =                   |                               | *                   |                  |              | X42=               |                        | OR         | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                          |                                                                           |                             |                               |                     |                  |              | +140=              |                        | OR         | +280=               |                        |
| * If the difference in column 1 is less than zero, enter                              |                                          |                                                                           |                             |                               | r "0" in c          | olumn 2          | L            | TOTAL              |                        | OR         | TOTAL               |                        |
| CLAIMS AS AMENDED - PAR                                                               |                                          |                                                                           |                             |                               | TII                 |                  |              | 1                  |                        |            | OTHER               | THAN                   |
| (Column 1) (Colum                                                                     |                                          |                                                                           |                             |                               |                     | (Column 3)       |              | SMALL E            | ENTITY                 | OR         | SMALL               |                        |
| AMENDMENT A                                                                           |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                 |                             | HIĞH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                    | *                                                                         | Minus                       | **                            |                     | =                |              | X\$ 9=             |                        | OR         | X\$18=              |                        |
|                                                                                       | Independent                              | *                                                                         | Minus                       | ***                           | T CL AINA           | =                |              | X42=               |                        | OR         | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                          |                                                                           |                             |                               |                     |                  |              | +140=              |                        | OR         | +280=               |                        |
|                                                                                       |                                          |                                                                           |                             |                               |                     |                  |              | TOTAL<br>DIT. FEE  |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
|                                                                                       |                                          | (Column 1)                                                                |                             | (Colu                         | mn 2)               | (Column 3)       | 70           | 7011.1 LL <b>.</b> |                        |            | 7.0011.1 CE         |                        |
| AMENDMENT B                                                                           |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                 |                             |                               |                     | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                    | *                                                                         | Minus                       | **                            | ·                   | =                |              | X\$ 9=             |                        | OR         | X\$18=              |                        |
|                                                                                       | Independent                              | *                                                                         | Minus                       | ***                           |                     | =                |              | X42≃               |                        | OR         | X84=                |                        |
| L                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT |                                                                           |                             |                               |                     |                  | ┚┝           | 140                |                        |            | +280=               |                        |
| <u>_</u>                                                                              |                                          |                                                                           |                             |                               |                     |                  |              | +140=<br>TOTAL     |                        | OR         | TOTAL               |                        |
|                                                                                       |                                          |                                                                           | AD                          | DIT. FEE                      |                     | OR               | ADDIT. FEE   |                    |                        |            |                     |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                       |                                          |                                                                           |                             |                               |                     |                  |              |                    |                        |            |                     |                        |
| AMENDMENT C                                                                           |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                 |                             | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                    | *                                                                         | Minus                       | **                            |                     | =                |              | X\$ 9=             |                        | OR         | X\$18=              |                        |
|                                                                                       | Independent                              | *                                                                         | Minus                       | ***                           |                     | =                |              | X42=               |                        | OR         | X84≃                |                        |
| Ľ                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT |                                                                           |                             |                               |                     |                  | ┇┝╴          |                    |                        | UH         |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                          |                                                                           |                             |                               |                     |                  |              |                    |                        | OR         | +280=               |                        |
| **                                                                                    | If the "Highest Nu                       | mber Previously Particular in<br>Imber Previously Particular Previously P | aid For <sup>*</sup> IN THI | S SPACE                       | is less tha         | n 20, enter "20. | . AD         | TOTAL<br>DIT. FEE  |                        | OR         | TOTAL<br>ADDIT. FEE |                        |
|                                                                                       | The "Highest Nun                         | nber Previously Pa                                                        | aid For" (Total o           | r Independ                    | lent) is the        | highest numbe    | er found     | d in the app       | ropriate box           | k in co    | lumn 1.             |                        |